

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10 / 58463

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2				1		
3			2			
4			2			
5			2			
6			2			
7			2			
8			2			
9			2			
10			1			
11			1			
12			1			
13			2			
14			2			
15			2			
16			1			
17			1			
18			2			
19			2			
20			2			
21			2			
22			1			
23			—			
24			1			
25			1			
26			2			
27			2			
28			2			
29			2			
30			2			
31			1			
32			2			
33			2			
34			2			
35			2			
36			2			
37			2			
38			2			
39			1			
40			1			
41			2			
42			2			
43			2			
44			—			
45			—			
46			—			
47			—			
48			2			
49			2			
50			2			
TOTAL IND.		↓	3	↓		↓
TOTAL DEP.	←		76	←		←
TOTAL CLAIMS			79			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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95						
96						
97						
98						
99						
100						
TOTAL IND.		↓			↓	
TOTAL DEP.	←			←		←
TOTAL CLAIMS						